

EXHIBIT E – PART 3

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJUD5000) ROAD #5 KM. 27.4 EXT EXPRESO DE DIEGO BO. PALMAS CATANO, PR 00982		TAX BOND NO.	BL NO. SJUELY269JAX019	Date: 06/11/02
		EXPORT REFERENCES RV81476		
		BOOKING NUMBER MG11216	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) ALLEGIANCE HEALTHCARE (USA04357) 2101 WAUKEGAN ROAD WAUKEGAN, IL 60088		SALES AGENT OR ICC (Complete Name, Address and Zip Code): ()		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) UPON ARRIVAL PLEASE CONTACT () LUIS VEGA 787 - 275-3013		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO 269 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		DESTINATION PORT WAUKEGAN, IL		POINT AND COUNTRY OF ORIGIN
		FINAL DESTINATION OF GOODS (NOT VESSEL) WAUKEGAN, IL		

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU655287-7 SEAL 1: 28722 SEAL 2: 37242 TIR# 097181	1 45HC	STC: 60 PALLETS 1348 PCS MEDICAL DEVICES ***ALL MOTOR*** DELIVERY ON 6/18 AT 8:00AM ** TR/DR	10,806	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE

CORRECTED BILL OF LADING

* Carrier's 8000 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's limited cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper elects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's 8000 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
 Declared Value \$ _____

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's limited cargo insurance at the applicable rates charged by Carrier.

Yes () No Insured Value \$ _____

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignee, the consignee shall sign the following statement. The carrier shall not make delivery of this document without payment of freight and all other lawful charges.

Signature of Consignee

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SEALED PACKAGES.
 THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
 LOGISTICS PAYMENT SERVICES
 PO BOX 2000
 SUGAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,250.00	1,250.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 15.00	15.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO				TAX BOND NO.		BL NO. SJUEXP219ELZ017		Date: 05/07/02																		
				EXPORT REFERENCES MA566N0790																						
				BOOKING NUMBER				SHIPPER REFERENCE NO. RV#80672																		
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY, NY 12549				SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.																						
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)				ALSO NOTIFY, ROUTING OR INSTRUCTIONS																						
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR																								
VESSEL EXPEDITION		VOY. NO 219 N		FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN																		
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY MONTGOMERY, NY		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY																						
PARTICULARS FURNISHED BY SHIPPER																										
MARKS AND NUMBERS		NO OF PKGS		DESCRIPTION OF PACKAGES AND GOODS				GROSS WEIGHT		MEASUREMENT																
UNIT NO: NPRU655080 SEAL 1: 025912		1 40HC		STC: 44 PALLETS 2,040 PIECES MEDICAL DEVICES ** TR/DR				21,010																		
SHIPPER LOAD AND COUNT				FREIGHT COLLECT				COPY NON-NEGOTIABLE																		
* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.										FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554																
A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____										<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,136.00</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> </tr> <tr> <td colspan="2"></td> <td>TOTAL CHARGES: 1,271.00</td> </tr> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,136.00	1,136.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 10.00	10.00			TOTAL CHARGES: 1,271.00
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OC FRT NORTHBOUND	1 1,136.00	1,136.00																								
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		TOTAL CHARGES: 1,271.00																								
B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. <input type="checkbox"/> Yes <input type="checkbox"/> No Insured Value \$ _____																										
Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. <div style="text-align: right;">Signature of Consignor</div>																										
RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED. TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D C IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED, _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.																										
REVISED 2/02 BY _____ SEA STAR LINE, LLC																										

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO

TAX BOND NO.

BL NO.

SJUEXP219ELZ019

Date:
05/07/02

EXPORT REFERENCES

MA566N0790

BOOKING NUMBER

SHIPPER REFERENCE NO.
RV#80673

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BW MONTGOMERY DC (REL) (USA11111)
C/O ALLEGIANCE
390 COUNTY HIGHWAY 99
MONTGOMERY, NY 12549

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PRPLACE OF RECEIPT
SAN JUAN, PRVESSEL
EXPEDITIONVOY. NO
219 NFLAG
UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
PORT ELIZABETH, NJPLACE OF DELIVERY
MONTGOMERY, NYFINAL DESTINATION OF GOODS (NOT VESSEL)
MONTGOMERY, NY

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU655245 SEAL 1: 025911	1 40HC	STC: 44 PALLETS 1,682 PIECES MEDICAL DEVICES ** TR/DR	9,820	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper elects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$ _____

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
Yes ☐ No ☐ Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY _____

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,136.00	1,136.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,271.00

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO			TAX BOND NO.		BL NO. SJUEXP219ELZ018		Date: 05/07/02		
			EXPORT REFERENCES MA566N0790						
			BOOKING NUMBER				SHIPPER REFERENCE NO. RV#80670		
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY, NY 12549			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC						
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			ALSO NOTIFY, ROUTING OR INSTRUCTIONS						
PIER SAN JUAN, PR			PLACE OF RECEIPT SAN JUAN, PR						
VESSEL EXPEDITION		VOY. NO 219 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN			
PORT OF DISCHARGE PORT ELIZABETH, NJ			PLACE OF DELIVERY MONTGOMERY, NY		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY				
PARTICULARS FURNISHED BY SHIPPER									
MARKS AND NUMBERS		NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS				GROSS WEIGHT	MEASUREMENT	
UNIT NO: NPRU655246 SEAL 1: 25917		1 40HC	STC: 44 PALLETS 1,815 PIECES MEDICAL DEVICES ** TR/DR □				25,930		
SHIPPER LOAD AND COUNT			FREIGHT COLLECT				COPY NON-NEGOTIABLE		
<small>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small> A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply; and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____ B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes [] No Insured Value \$ _____ Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature of Consignor RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C. IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE. ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID BY _____ REVISED 2/02			FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554						
TARIFF ITEM NUMBER		CHARGES		TOTAL					
OC FRT NORTHBOUND		1		1,136.00		1,136.00			
BUNKER SURCHARGE		1		125.00		125.00			
PT AUTH FEE		1		10.00		10.00			
TOTAL CHARGES: 1,271.00									

JUL-23-2002 17:42

SEA STAR LINE

904 725 9829

P.01/01

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO		TAX BOND NO.	BL NO. SJUEXP219ELZ055	Date: 05/07/02
		EXPORT REFERENCES MA566N0380		
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80723
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY, NY 12549		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR		
VESSEL EXPEDITION	VOY. NO 219 N	FLAG UNITED STATES	POINT AND COUNTRY OF ORIGIN	
PORT OF DISCHARGE PORT ELIZABETH, NJ		DESTINATION PORT PORT ELIZABETH, NJ		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650725 SEAL 1: 026083	1 40HC	STC: 44 PALLETS 1,470 PIECES MEDICAL DEVICES ** TR/DR	27,589	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per package shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$ _____

B. Insurance Coverage - Use Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper releases Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$ _____

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignee, the consignee shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignee

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED, CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL (S) OF LAODED, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY _____

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,118.00	1,118.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,253.00

TOTAL D 01

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO		TAX BOND NO.	BL NO. SJUEXP219ELZ054	Date: 05/07/02
		EXPORT REFERENCES MA566N0490		
		BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80748
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CV SOLON DC SOLON OHIO (REL) (USA11111) C/O ALLEGIANCE 5260 NAIMAN PARKWAY SOLON, OH 44139		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT SAN JUAN, PR		
VESSEL EXPEDITION	VOY. NO 219 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE PORT ELIZABETH, NJ		PLACE OF DELIVERY SOLON, OH		POINT AND COUNTRY OF ORIGIN
		FINAL DESTINATION OF GOODS (NOT VESSEL) SOLON, OH		

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU655179 SEAL 1: 025915	1 40HC	STC: 44 PALLETS 2,174 PIECES MEDICAL DEVICES ** TR/DR	21,423	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$ _____

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$ _____

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Signature of
Consignor

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FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE
IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 2,167.00	2,167.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO

TAX BOND NO.

BL NO.

SJUEXP219ELZ021

Date:

05/07/02

EXPORT REFERENCES

MA566N0480

BOOKING NUMBER

SHIPPER REFERENCE NO.

RV#80744

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)GL DEPEW DC (USA11111)
C/O ALLEGIANCE
3356 WALDEN AVE
DEPEW, NY 14043

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER L.C.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PRPLACE OF RECEIPT
SAN JUAN, PRVESSEL VOY. NO FLAG
EXPEDITION 219 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
PORT ELIZABETH, NJPLACE OF DELIVERY
DEPEW, NYFINAL DESTINATION OF GOODS (NOT VESSEL)
DEPEW, NY**PARTICULARS FURNISHED BY SHIPPER**

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: NPRU655534 SEAL 1: 023247	1 40HC	STC: 26 PALLETS 1,061 PIECES MEDICAL DEVICES ** TR/DR	15,216	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

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Declared Value \$ _____

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes [] No Insured Value \$ _____

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Signature of Consignor _____

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID

REVISED 2/02

BY _____

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,136.00	1,136.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,271.00

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO			TAX BOND NO.		BL NO. SJUEXP219ELZ020	Date: 05/07/02															
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY DC (REL) (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY, NY 12549			EXPORT REFERENCES MA566N0470																		
			BOOKING NUMBER		SHIPPER REFERENCE NO. RV#80745																
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LI																		
PIER SAN JUAN, PR			PLACE OF RECEIPT SAN JUAN, PR																		
VESSEL EXPEDITION	VOY. NO 219 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR		POINT AND COUNTRY OF ORIGIN																
PORT OF DISCHARGE PORT ELIZABETH, NJ			PLACE OF DELIVERY MONTGOMERY, NY		FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY																
PARTICULARS FURNISHED BY SHIPPER																					
MARKS AND NUMBERS		NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT															
UNIT NO: NPRU655376 SEAL 1: 025919		1 40HC	STC: 46 PALLETS 2,148 PIECES MEDICAL DEVICES ** TR/DR <input type="checkbox"/>		20,745																
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE																	
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. [] Yes [] No Insured Value \$ _____</p> <p>Signature of Consignor _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>			<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,136.00</td> <td>1,136.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> </tr> <tr> <td colspan="2">TOTAL CHARGES:</td> <td>1,271.00</td> </tr> </table>				TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,136.00	1,136.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 10.00	10.00	TOTAL CHARGES:		1,271.00
TARIFF ITEM NUMBER	CHARGES	TOTAL																			
OC FRT NORTHBOUND	1 1,136.00	1,136.00																			
BUNKER SURCHARGE	1 125.00	125.00																			
PT AUTH FEE	1 10.00	10.00																			
TOTAL CHARGES:		1,271.00																			

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, P.R 00962

TAX BOND NO.

BL NO.

SJUELY259JAX008

Date:

EXPORT REFERENCES

RV#80770

BOOKING NUMBER

KG08154

SHIPPER REFERENCE NO

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

WAUKEGAN, IL 60085

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ATTN: KAY UTTER ()
PHONE: 847-578-5821

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO
EL YUNQUE 259 N FLAG
UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLPLACE OF DELIVERY
WAUKEGAN, ILFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
-------------------	------------	-----------------------------------	--------------	-------------

UNIT NO: STRU4550563 1 45HC

SEAL 1: 2212

STC: 44 PALLETES
1,830 PIECES
MEDICAL DEVICES

17,843

TR/DR

TIR# 100783

TARIFF ITEM NUMBER	CHARGES	TOTAL	FREIGHT PAYABLE AT/BY:
OC FRT NORTHBOUND	1 1,250.00	1,250.00	BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554
BUNKER SURCHARGE	1 125.00	125.00	
PT AUTH FEE	1 10.00	10.00	
TOTAL CHARGES: 1,385.00			

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side of shipper's copy (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes [] No [] Insured Value \$

Subject to Clause 14 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SEALED PACKAGES.

THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIER'S TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

87/90 * 4 600671 602

Signature of

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, P.R.

TAX BOND NO.

BL NO.

SJUEL259JAX018

Date:

EXPORT REFERENCES

RV#80771

BOOKING NUMBER

KG06247

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

LA ONTARIO DC (REL) (USA11111)
C/O ALLEGIANCE
4551 E PHILADELPHIA ST
ONTARIO, CA 91761

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

()

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER

SAN JUAN, PR

PLACE OF RECEIPT

VESSEL

VOY. NO

FLAG

PORT OF LOADING

POINT AND COUNTRY OF ORIGIN

EL YUNQUE

259 N

UNITED STATES

SAN JUAN, PR

PORT OF DISCHARGE

JACKSONVILLE, FL

PLACE OF DELIVERY

ONTARIO, CA

FINAL DESTINATION OF GOODS (NOT VESSEL)
ONTARIO, CA

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS

NO OF PKGS

DESCRIPTION OF PACKAGES AND GOODS

GROSS WEIGHT

MEASUREMENT

UNIT NO: NPRU6553338

SEAL 1: 25944

1 45HC

STC: 46 PALLETS
2,277 PIECES
MEDICAL DEVICES
**
TR/DR

24,542

TIR# 100852
000 @0x@0x

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
Yes [] No Insured Value \$

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
ConsignorRECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.
THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON, D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER

CHARGES

TOTAL

OC FRT NORTHBOUND

1

1,726.00

1,726.00

BUNKER SURCHARGE

1

125.00

125.00

PT AUTH FEE

1

10.00

10.00

TOTAL CHARGES: 1,861.00

REVISED 2/02

BY

SEA STAR LINE, LLC

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, PR 00882

TAX BOND NO.

BL NO.
SJUELY259PEV001Date:
05/07/02

EXPORT REFERENCES

BL # RV80772

BOOKING NUMBER

IV05775

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA56831)
3205 MERIDIAN PARKWAY

WESTON, FL 33331

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO. FLAG
EL YUNQUE 258 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
PORT EVERGLADES, FLPLACE OF DELIVERY
WESTON, FLFINAL DESTINATION OF GOODS (NOT VESSEL)
WESTON, FL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS

NO OF PKGS

DESCRIPTION OF PACKAGES AND GOODS

GROSS WEIGHT

MEASUREMENT

UNIT NO: STRU4550033
SEAL 1: 0002208

1 45HC

SAID TO CONTAIN
MEDICAL SUPPLIES
1,851 PCS

TR/DRD

24,915

TIR # 101812p000

SHIPPER LOAD AND COUNT

FREIGHT PREPAID

COPY NON-NEGOTIABLE

* Carrier's 8000 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's 8000 limitation per container will not apply, and Carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$ 3

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
Yes ☐ No ☐ Insured Value \$

Subject to Clause 23 and Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignee, the consignee shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignee

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGE(S).
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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477
CATANO
PR 00963

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRY NORTHBOUND	1 625.00	625.00
PT AUTH FEE	1 10.00	10.00
BUNKER SURCHARGE	1 125.00	125.00

REVISED 2/02

BY _____

APPROVED BY _____

SEALED TIME _____

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, P.R.

TAX BOND NO.

BL NO.

SJUELY259JAX012

Date:

EXPORT REFERENCES

RV#80773

BOOKING NUMBER

KG06229

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

NO HAMMOND DC (REL) (USA11111)
C/O ALLEGIANCE
701 PRIDE DRIVE
HAMMOND, LA 70401

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LI

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

()

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO FLAG
EL YUNQUE 259 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLPLACE OF DELIVERY
HAMMOND, LAFINAL DESTINATION OF GOODS (NOT VESSEL)
HAMMOND, LA

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS	GROSS WEIGHT	MEASUREMENT
UNIT NO: PRMU650038 SEAL 1: 26017 TIR# 100797 000 @0x0@0x	1 45HC	STC: 44 PALLETS 1,865 PIECES MEDICAL DEVICES ** TR/DR <input type="checkbox"/>	18.801	
SHIPPER LOAD AND COUNT		FREIGHT COLLECT	COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER	CHARGES	TOTAL
OC FRT NORTHBOUND	1 1,072.00	1,072.00
BUNKER SURCHARGE	1 125.00	125.00
PT AUTH FEE	1 10.00	10.00

TOTAL CHARGES: 1,207.00

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.			TAX BOND NO.		BL NO. SJUELY259JAX015	Date:												
			EXPORT REFERENCES RV#80774															
			BOOKING NUMBER KG06240		SHIPPER REFERENCE NO.													
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) CH CHARLOTTE DC (USA11111) C/O ALLEGIANCE 3031 NEVADA BLVD CHARLOTTE, NC 28273			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC															
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()			ALSO NOTIFY, ROUTING OR INSTRUCTIONS															
PIER SAN JUAN, PR		PLACE OF RECEIPT																
VESSEL EL YUNQUE	VOY. NO 259 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN														
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY CHARLOTTE, NC		FINAL DESTINATION OF GOODS (NOT VESSEL) CHARLOTTE, NC														
PARTICULARS FURNISHED BY SHIPPER																		
MARKS AND NUMBERS		NO. OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT	MEASUREMENT												
UNIT NO: UXXU4811806 SEAL 1: 26012 TIR# 100841 @0x @0x @0x		1 45HC	STC: 46 PALLETS 2,165 PIECES MEDICAL DEVICES ** TR/DR □		17,030													
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE														
<small>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</small> A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____ B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. [] Yes [] No Insured Value \$ _____ Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor _____ RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C. IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.			FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554															
			<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1 1,100.00</td> <td>1,100.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> </tr> </tbody> </table>		TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 1,100.00	1,100.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 10.00	10.00	TOTAL CHARGES: 1,235.00	
TARIFF ITEM NUMBER	CHARGES	TOTAL																
OC FRT NORTHBOUND	1 1,100.00	1,100.00																
BUNKER SURCHARGE	1 125.00	125.00																
PT AUTH FEE	1 10.00	10.00																

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, P.R 00982

TAX BOND NO.

BL NO.

SJUELY258JAX009

Date:

EXPORT REFERENCES

RV#80777

BOOKING NUMBER

KG06155

SHIPPER REFERENCE NO

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

ALLEGIANCE HEALTHCARE (USA04357)
2101 WAUKEGAN ROAD

WAUKEGAN, IL 60085

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)

ATTN: KAY UTTER ()
PHONE: 847-578-6921

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO
EL YUNQUE 259 N FLAG
UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLPLACE OF DELIVERY
WAUKEGAN, ILFINAL DESTINATION OF GOODS (NOT VESSEL)
WAUKEGAN, IL

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS NO OF PKGS DESCRIPTION OF PACKAGES AND GOODS

GROSS WEIGHT MEASUREMENT

UNIT NO: STRU4550460 1 45HC
SEAL 1: 32285
STC: 44 PALLETS
1,495 PIECES
MEDICAL DEVICES
TR/DR

10,280

TIR# 100833

TARIFF ITEM NUMBER

CHARGES

TOTAL

OC FRT NORTHBOUND

1

1,250.00

1,250.00

BUNKER SURCHARGE

1

125.00

125.00

PT AUTH FEE

1

10.00

10.00

TOTAL CHARGES: 1,385.00

FREIGHT PAYABLE AT/BY:

BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's inland cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper advises Carrier (A) or (B) below.

A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper may elect to insure the cargo at the applicable rates charged by Carrier.

Yes [] No Insured Value \$

Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without insurance on the consignment, the consignor shall sign the following statement: The carrier shall not make delivery of the shipment without payment of freight and all other lawful charges.

Signature of

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR DANGEROUS PACKAGES.

THE RECEIPT, DUTY, CARRIAGE, DELIVERY, AND TRANSPORTING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.

IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TONNAGE AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.		TAX BOND NO.	BL NO. SJUELY259JAX016	Date:
		EXPORT REFERENCES RV#80778		
		BOOKING NUMBER KG06243	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) PN TEMPRE DC (REL) (USA11111) C/O ALLEGIANCE 525 W 21ST STRETT TEMPE, AZ 85282		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ()		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO 259 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY TEMPE, AZ		POINT AND COUNTRY OF ORIGIN
		FINAL DESTINATION OF GOODS (NOT VESSEL) TEMPE, AZ		
PARTICULARS FURNISHED BY SHIPPER				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT
UNIT NO: NPRU6552096 SEAL 1: 26019 TIR# 100843	1 45HC	STC: 40 PALLETS 1,321 PIECES MEDICAL DEVICES ** TR/DR		20,088
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE
* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clause 23 and 24 on the reverse side or shipper selects Options (A) or (B) below. A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____ B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes [] No Insured Value \$ _____ Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor _____ RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C. IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID. BY _____ REVISED 2/02		FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		
		TARIFF ITEM NUMBER	CHARGES	TOTAL
		OC FRT NORTHBOUND	1 1,894.00	1,894.00
		BUNKER SURCHARGE	1 125.00	125.00
		PT AUTH FEE	1 10.00	10.00
		TOTAL CHARGES: 2,029.00		

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.		TAX BOND NO.	BL NO. SJUELY259JAX013	Date:
		EXPORT REFERENCES RV#80779		
		BOOKING NUMBER KG06231	SHIPPER REFERENCE NO.	
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) HU-THE WOODLANDS DC (REL) (USA11111) C/O ALLEGIANCE 9201 GROGAN'S MILL RD THE WOODLANDS, TX 77380		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC		
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS. ()		ALSO NOTIFY, ROUTING OR INSTRUCTIONS		
PIER SAN JUAN, PR		PLACE OF RECEIPT		
VESSEL EL YUNQUE	VOY. NO 259 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY WOODLAND, TX		FINAL DESTINATION OF GOODS (NOT VESSEL) WOODLAND, TX
PARTICULARS FURNISHED BY SHIPPER				
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT
UNIT NO: NPRU6554611 SEAL 1: 26016 TIR# 100588 □û□ @0x□@0x	1 45HC	STC: 32 PALLETS 1,420 PIECES MEDICAL DEVICES ** TR/DR □â		15,683
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. Yes <input type="checkbox"/> No <input type="checkbox"/> Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. Signature of Consignor _____</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES. THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS TARIFFS CAN FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p> <p>REVISED 2/02 BY _____ SEA STAR LINE, LLC</p>				
FREIGHT PAYABLE AT/BY:		BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554		
TARIFF ITEM NUMBER	CHARGES		TOTAL	
OC FRT NORTHBOUND	1	1,082.00	1,082.00	
BUNKER SURCHARGE	1	125.00	125.00	
PT AUTH FEE	1	10.00	10.00	
TOTAL CHARGES: 1,217.00				

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, P.R

TAX BOND NO.

BL NO.
SJUELY259JAX017

Date:

EXPORT REFERENCES

RV#80780

BOOKING NUMBER

KG06244

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

KC KANSAS CITY DC (REL) (USA11111)
C/O ALLEGIANCE
11300 GREWOOD ST
OVERLAND PARK, KS 66211

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)
()

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER

SAN JUAN, PR

PLACE OF RECEIPT

VESSEL

VOY. NO

FLAG

EL YUNQUE

259 N

UNITED STATES

PORT OF LOADING

SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE

JACKSONVILLE, FL

PLACE OF DELIVERY

OVERLAND PARK, KS

FINAL DESTINATION OF GOODS (NOT VESSEL)
OVERLAND PARK, KS

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS

NO OF PKGS

DESCRIPTION OF PACKAGES AND GOODS

GROSS WEIGHT

MEASUREMENT

UNIT NO: GESU4003548
SEAL 1: 026088

1 45HC

STC: 40 PALLETS
1,732 PIECES
MEDICAL DEVICES
**
TR/DR

15,551

TIR# 100854

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.

Declared Value \$

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.

Yes ☐ No ☐ Insured Value \$

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

Signature of
Consignor

RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.

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WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

FREIGHT

PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER

CHARGES

TOTAL

OC FRT NORTHBOUND

1

1,100.00

1,100.00

BUNKER SURCHARGE

1

125.00

125.00

PT AUTH FEE

1

10.00

10.00

REVISED 2/02

BY

SEA STAR LINE, LLC

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO, P.R.		TAX BOND NO.	BL NO. SJUELY259JAX010	Date:												
		EXPORT REFERENCES RV#80781														
		BOOKING NUMBER KG06157	SHIPPER REFERENCE NO.													
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. (USA50912) 4835 MENDENHALL MEMPHIS, TN 38118		SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC														
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) ()		ALSO NOTIFY, ROUTING OR INSTRUCTIONS														
PIER SAN JUAN, PR		PLACE OF RECEIPT														
VESSEL EL YUNQUE	VOY. NO 259 N	FLAG UNITED STATES	PORT OF LOADING SAN JUAN, PR	POINT AND COUNTRY OF ORIGIN												
PORT OF DISCHARGE JACKSONVILLE, FL		PLACE OF DELIVERY MEMPHIS, TN	FINAL DESTINATION OF GOODS (NOT VESSEL) MEMPHIS, TN													
PARTICULARS FURNISHED BY SHIPPER																
MARKS AND NUMBERS	NO OF PKGS	DESCRIPTION OF PACKAGES AND GOODS		GROSS WEIGHT												
UNIT NO: NPRU6553209 SEAL 1: 026013 TIR# 100586	1 40HC	STC: 24 PALLETS 1,089 PIECES MEDICAL DEVICES ** TR/DR		16,423												
SHIPPER LOAD AND COUNT		FREIGHT COLLECT		COPY NON-NEGOTIABLE												
<p>* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.</p> <p>A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo. Declared Value \$ _____</p> <p>B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier. [] Yes [] No Insured Value \$ _____</p> <p>Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement. The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges. _____ Signature of Consignor</p> <p>RECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HERE IN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.</p> <p>THE RECEIPT, CUSTODY, CARRIAGE, DELIVERY, AND TRANSSHIPPING OF THE GOODS ARE SUBJECT TO THE TERMS APPEARING ON THE FACE AND BACK HEREOF, AND CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION, WASHINGTON D.C.</p> <p>IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.</p>		<p>FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03030) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554</p> <table border="1"> <thead> <tr> <th>TARIFF ITEM NUMBER</th> <th>CHARGES</th> <th>TOTAL</th> </tr> </thead> <tbody> <tr> <td>OC FRT NORTHBOUND</td> <td>1 875.00</td> <td>875.00</td> </tr> <tr> <td>BUNKER SURCHARGE</td> <td>1 125.00</td> <td>125.00</td> </tr> <tr> <td>PT AUTH FEE</td> <td>1 10.00</td> <td>10.00</td> </tr> </tbody> </table> <p>TOTAL CHARGES: 1,010.00</p>			TARIFF ITEM NUMBER	CHARGES	TOTAL	OC FRT NORTHBOUND	1 875.00	875.00	BUNKER SURCHARGE	1 125.00	125.00	PT AUTH FEE	1 10.00	10.00
TARIFF ITEM NUMBER	CHARGES	TOTAL														
OC FRT NORTHBOUND	1 875.00	875.00														
BUNKER SURCHARGE	1 125.00	125.00														
PT AUTH FEE	1 10.00	10.00														

SEA STAR LINE, LLC

COMBINED INLAND / OCEAN LONG FORM BILL OF LADING NOT NEGOTIABLE UNLESS CONSIGNED "TO ORDER"

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. OF PR (SJU05000)
PO BOX 2002 M00477

CATANO, P.R.

TAX BOND NO.

BL NO.

SJUELY259JAX011

Date:

EXPORT REFERENCES

RV#80782

BOOKING NUMBER

KG06157

SHIPPER REFERENCE NO.

CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE)

BAXTER HEALTHCARE CORP. (USA50912)
4835 MENDENHALL

MEMPHIS, TN 38118

SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LIC.

NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.)
()

ALSO NOTIFY, ROUTING OR INSTRUCTIONS

PIER
SAN JUAN, PR

PLACE OF RECEIPT

VESSEL VOY. NO FLAG
EL YUNQUE 259 N UNITED STATESPORT OF LOADING
SAN JUAN, PR

POINT AND COUNTRY OF ORIGIN

PORT OF DISCHARGE
JACKSONVILLE, FLPLACE OF DELIVERY
MEMPHIS, TNFINAL DESTINATION OF GOODS (NOT VESSEL)
MEMPHIS, TN

PARTICULARS FURNISHED BY SHIPPER

MARKS AND NUMBERS

NO OF PKGS

DESCRIPTION OF PACKAGES AND GOODS

GROSS WEIGHT

MEASUREMENT

UNIT NO: PRMU650312
SEAL 1: 26020

1 45HC

STC: 34 PALLETS
1,259 PIECES
MEDICAL DEVICES
**
TR/DR

18,801

TIR# 100850

SHIPPER LOAD AND COUNT

FREIGHT COLLECT

COPY NON-NEGOTIABLE

Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Options (A) or (B) below.

Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
Declared Value \$Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
Yes [] No Insured Value \$Subject to Clause 24 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.
Signature of ConsignorRECEIVED THE GOODS OF PACKAGES SAID TO CONTAIN GOODS HEREIN MENTIONED IN APPARENT GOOD ORDER AND CONDITION, UNLESS OTHERWISE INDICATED, TO BE SHIPPED AS HEREIN PROVIDED. CARRIER HAS NOT INSPECTED CONTENTS OR SAID SEALED PACKAGES.
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CK HEREOF. AND NO CARRIERS' TARIFFS ON FILE WITH THE INTERSTATE COMMERCE COMMISSION AND/OR THE FEDERAL MARITIME COMMISSION,
WASHINGTON D.C.WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND
ONE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02

BY

SEA STAR LINE, LLC

FREIGHT
PAYABLE AT/BY:BAXTER HEALTHCARE C/O SCHNEIDER (USA03930)
LOGISTICS PAYMENT SERVICES
PO BOX 2000
SUGAR GROVE

IL 60554

TARIFF ITEM NUMBER

CHARGES

TOTAL

OC FRT NORTHBOUND

1

875.00

875.00

BUNKER SURCHARGE

1

125.00

125.00

PT AUTH FEE

1

10.00

10.00

SHIPPER/EXPORTER (COMPLETE NAME, ADDRESS, AND ZIP CODE) BAXTER HEALTHCARE CORP. OF PR (SJU05000) PO BOX 2002 M00477 CATANO PR 00962			TAX BOND NO.		BL NO. SJUHAW215ELZ043		Date: 05/13/02		
			EXPORT REFERENCES HU569N0120						
			BOOKING NUMBER				SHIPPER REFERENCE NO. RV80794		
CONSIGNEE (COMPLETE NAME, ADDRESS, AND ZIP CODE) BW MONTGOMERY (USA11111) C/O ALLEGIANCE 390 COUNTY HIGHWAY 99 MONTGOMERY NY 12549			SALES AGENT OR ICC (Complete Name, Address and Zip Code) FREIGHT BROKER LLC						
NOTIFY PARTY (COMPLETE NAME, ADDRESS, ZIP CODE, TELEPHONE AND FAX NOS.) BAXTER HEALTHCARE (USA03930) C/O SCHNEIDER LOGISTICS SUGAR GROVE			ALSO NOTIFY, ROUTING OR INSTRUCTIONS						
PIER SAN JUAN, PR			PLACE OF RECEIPT						
VESSEL HAWAII			VOY. NO 215 N		FLAG UNITED STATES		PORT OF LOADING SAN JUAN, PR		
POINT AND COUNTRY OF ORIGIN			PORT OF DISCHARGE PORT ELIZABETH, NJ						
PLACE OF DELIVERY MONTGOMERY, NY			FINAL DESTINATION OF GOODS (NOT VESSEL) MONTGOMERY, NY						
PARTICULARS FURNISHED BY SHIPPER									
MARKS AND NUMBERS		NO OF PKGS		DESCRIPTION OF PACKAGES AND GOODS			GROSS WEIGHT		MEASUREMENT
UNIT NO: NPRU655445		1 45HC		STC: 50 PALLETS MEDICAL DEVICES ** TR/DR			20,297		
SHIPPER LOAD AND COUNT				FREIGHT COLLECT				COPY NON-NEGOTIABLE	

* Carrier's \$500 limitation of liability per container shall apply, unless Carrier's tariff provides for Shipper's interest cargo insurance with limits specified in Clauses 23 and 24 on the reverse side or shipper selects Option (A) or (B) below.

A. Ad Valorem - If Shipper declares a value in the space provided, Carrier's \$500 limitation per container will not apply, and carrier will charge the Ad Valorem rate for Shipper's cargo.
 Declared Value \$ _____

B. Insurance Coverage - See Clause 23 on the reverse side and applicable tariff to determine whether Shipper's cargo can be insured. If cargo can be insured, Shipper requests Shipper's interest cargo insurance at the applicable rates charged by Carrier.
☐ Yes ☐ No Insured Value \$ _____

Subject to Clause #4 of Conditions, if the shipment is to be delivered to the Consignee without recourse on the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

 Signature of Consignor

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IN WITNESS WHEREOF, THE CARRIER OR ITS AGENT HAS SIGNED _____ ORIGINAL BILL(S) OF LADING, ALL OF THE SAME TENOR AND DATE, ONE OF WHICH BEING ACCOMPLISHED, THE OTHERS TO STAND VOID.

REVISED 2/02 BY _____ SEA STAR LINE, LLC

FREIGHT PAYABLE AT/BY: BAXTER HEALTHCARE C/O SCHNEIDER (USA03930) LOGISTICS PAYMENT SERVICES PO BOX 2000 SUGAR GROVE IL 60554			
TARIFF ITEM NUMBER		CHARGES	TOTAL
OC FRT NORTHBOUND		1 1,136.00	1,136.00
BUNKER SURCHARGE		1 125.00	125.00
PT AUTH FEE		1 15.00	15.00
TOTAL CHARGES: 1,276.00			